

Primum

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

"Primum"

The name of this newsletter comes from the Latin translation of the Hippocratic Oath, "Primum non nocere" (the first thing, do no harm), and we pronounce it PREE-mum.

Ironically, those specific words were not in the original Greek form. Whoever translated the oath into Latin—perhaps, the Roman physician, Galen—chose words that expressed the general meaning of the Greek.

Many scholars do believe Hippocrates (460-370 BC) originated the phrase, but did so in another of his writings, titled *Epidemics*.

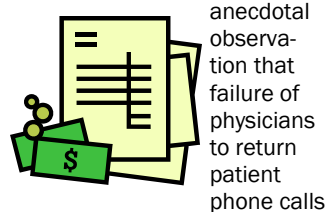
Cedric M. Smith, MD, FCP, wrote a book about the origins of the phrase and found that in 1860, T. Inman attributed the specific expression to Thomas Sydenham (1624-1689). It was in common use in the U.S. after 1880. —Editor

Letter from the AMB Chair, Tim B. Hunter, M.D.

Dear Colleagues,

I want to extend you a warm welcome to our new newsletter **Primum**. We plan to publish this newsletter bi-monthly to inform the physicians of Arizona about the activities of the Arizona Medical Board and to address frequent issues and questions that arise from time to time.

For this initial issue, I wish to personally comment on three items. First, it has been my



anecdotal observation that failure of physicians to return patient phone calls or address patient questions leads to many Board complaints. Patients call their doc-

tor's office with a medical or billing question and often cannot speak to a live person. Their messages are not returned, and when they get through to someone, they do not get a satisfactory answer. It is seemingly rare they can actually speak with their physician. This leads to frustration and sometimes a Board complaint that could have been easily avoided by taking a few minutes to talk with the patient and at least listening to his or her concerns. Many persons are more angered by being ignored or given the run around than they are by getting through to their doctor and given an answer they may not like or agree with. This is something to consider in your practice. Wherever possible, I advise all physicians to take their patient's phone calls and listen to their concerns,

even if you can not satisfy the patient to their satisfaction.

The second issue I would like to mention is the prescription of controlled substances. Many

physicians receive Board complaints and sometimes Board discipline because of improper prescribing of controlled substances. We will address this issue in much more detail in future newsletters. *It is important for Arizona physicians to realize it is against the Medical Practice Act for a physician to prescribe a controlled substance for themselves or for their immediate family (spouse, children,*



(Continued on page 3)

Inside this issue:

Peer Review Is Necessary 2
By Mark Nanney, M.D., CMC

The Med Form – a tool for both doctors and patients. 2

Facts About License Renewal 4

Our Actions Do Matter 4

AMB Actions and Orders 5

The Waiting Room 6
By Timothy C. Miller, AMB Executive Director

Hello and Goodbye to Board Members 7

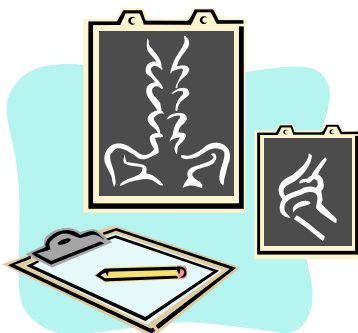
Professional Integrity and Physician Assistants, by Ray Tuttle, PA

In order to continue to advance as a profession, Physician Assistants must seize the concept of professional integrity. All PAs within the state of Arizona must support upholding standards of professional integrity, for in doing so, each practicing PA individually, and all PAs collectively are elevated to a higher level of professionalism.



Just what is professional integrity? It means doing what is right even when it is not fashionable or politically correct. It means giving of yourself to improve the quality of life of those seeking your care. It means caring. It means adhering to established standards of care

(Continued on page 3)



*"We can only do
this with your
help."*

Peer Review is Important and Necessary

A Message from AMB Chief Medical Consultant, Mark Nanney, M.D.

The Arizona Medical Board investigates more than 1,200 complaints against physicians each year. The majority of them are quality of care complaints. The goal of the Board is to promptly and appropriately evaluate those complaints. As medical consultants, our mission is to ensure that doctors are practicing within the standard of care.

The Board has two full-time and three part-time medical consultants on staff. They have a variety of backgrounds and can do many of the medical evaluations. However, there are other complaints involving specialty areas where special expertise is necessary to evaluate a complaint. For that we rely on the medical community. Without the support of physicians, we

cannot do our job. Some cases linger in the system because we are unable to find a consultant willing to look at the case. There are occasions where a consultant who has accepted a case is slow to evaluate it. Either way, the delay can be frustrating for both the complainant and the physician.

We can only do this with your help. The Board has directed that any physician with an active license and without a disciplinary record can perform chart review. Retirement, advisory letters, malpractice claims, settlements, or judgments are not impediments to serving.

The monetary rewards are nominal: \$150 per case. The time commitment can be considerable. The only way for the

process to be fair is to ask that you volunteer your services as a medical consultant. If you don't, who will?

Contact Dr. Mark Nanney at

(480) 551-2736 or

mnanne@azmd.gov



The Med Form—An Important Tool in Eliminating Medical Errors

On September 1, 2005, the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants joined a consortium of Arizona health care organizations in a national drive to save 100,000 lives by June 14, 2006. The 100K Campaign is a response to the estimated 100,000 lives lost annually due to medical errors.

Taking the lead in the state campaign are: Arizona Partnership for Implementing Patient Safety; Safe and Sound—An Arizona Patient Initiative; the Arizona Medical Association; the Arizona Hospital and Healthcare Organization; and HSAG—Health Services Advisory Group.

Until now, the consumer's role in medication safety was not well-

For additional Med Forms, go to: www.themedform.com



THE MED FORM

Name: _____		Date Completed: _____	
Preferred Pharmacy/Phone: _____		Birth Date: _____	
Address: _____		Emergency Contact/Phone: _____	
Phone Number: _____			
Allergies and Drugs to Avoid/Adverse Reactions:			

Current Medications: <i>List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals).</i>			
Medication: _____	Dosage: _____		
Reason for Taking: _____	Directions: _____		
Doctor: _____	Date Started: _____		
Medication: _____	Dosage: _____		
Reason for Taking: _____	Directions: _____		
Doctor: _____	Date Started: _____		

defined. That is changing with the introduction of "The Med Form," supported by all Arizona healthcare organizations participating in pa-

tient safety initiatives.

The Med Form consolidates a patient's medication, medical history, and physician information into a form that patients can carry in their wallets.

The simple, free document provides consumers with a single record of prescription drugs, herbal supplements, over-the-counter medications, and vitamins that they take on a regular basis. Use of The Med Form will help reduce medication errors by promoting communication between consumers and their caregivers.

Forms in both English and Spanish can be downloaded from the web site, www.themedform.com, and printed for patients' use.

Letter from the AMB Chair, Tim B. Hunter, M.D.

(Continued from page 1)

etc.). Controlled substances are listed as Schedule I-V drugs. Schedule I is reserved for the most dangerous drugs that have no recognized medical value. It is illegal to prescribe these drugs. Schedule V drugs are considered the least dangerous.

There are many legitimate medical uses for Schedule II-V drugs, and physicians should feel free to prescribe them for their patients. However, it is necessary to have a clear medical indication for the drug use, and there should be an adequate medical record documenting the important medical history, physical examination, and laboratory findings indicating the need for such medication.

The third issue I would like to discuss is what should a physician do if he or she receives a Board complaint. The Arizona Medical Board by law has to investigate all complaints against a physician no matter the seriousness or frivolity of the charge. The majority of complaints are dismissed after a Board investigation.

What should a physician do? Read the complaint notice carefully to fully understand what is being alleged. Then, provide the Board a copy of any requested patient medical records and other materials and

provide a written response to the complaint to the Board in a timely manner. The Board will specify a reasonable date for you to submit your response. If you can not meet this deadline, call the Board investigator listed in the complaint and inform him or her you would like more time to answer the complaint. Also, write a letter requesting more time to answer the complaint. Reasonable extensions are almost always granted.

The worst thing you can do is delay your response or ignore the Board's request. I have seen many complaints against physicians that resulted in discipline not because the complaint was very serious, but because the physician ignored the Board's request for a response to a complaint. The complaint will not go away if you ignore it, and any failure to cooperate is unprofessional conduct. The Board staff is very knowledgeable and helpful. You can feel free to call them during the course of the investigation. They will answer your questions, provide an estimate of how long the process will take, and help you fulfill the Board requirements for cooperating in the investigation.

Physicians often ask if they should get a lawyer after a complaint is filed. I cannot give an answer to this question. Most complaints are dismissed and most complaints are handled by

physicians without having a lawyer. If you feel the complaint is very serious, and you could receive discipline, then I would personally advise you consult a lawyer. However, this has to be your decision.

Another question is how long does this process take? That is difficult to answer. The Board has a goal of resolving a complaint within 180 days of it being filed. Unfortunately, this goal is not always achieved. Board staff prioritizes complaints, and the most serious complaints are given the highest priority for rapid investigation and resolution. For the average case, 180 days or more is a very long time for a complainant or a physician to wait for the adjudication process. It is best to recognize up front that the complaint will take a number of months to be investigated and adjudicated. Do your best to answer the complaint and cooperate with the Board. The Board staff will help you in this regard. Then go on with your life and practice and do not dwell on the issue obsessively. The Board members are fair minded, hard working individuals. Eight of them are physicians. We take very seriously our charge to protect the public, but also we take very seriously the charge to be fair to physicians and to serve all the citizens of Arizona.



"The complaint will not go away if you ignore it, and any failure to cooperate is unprofessional conduct."

Professional Integrity and Physician Assistants by Ray Tuttle, PA

(Continued from page 1)

even when it is not easy or convenient. It means recognizing your personal and professional limitations and boundaries, and practicing within them.

The Arizona Regulatory Board of Physician Assistants is commit-

ted to holding all PAs to a high standard of professional integrity by enforcing, fairly, the established statutes and rules, thus maintaining the highest level of professionalism possible. If we all do our part to maintain this professionalism, all PAs in the state of Arizona will be proud to stand and say :

"I am a PA".

"The true measure of a man is how he treats someone who can do him absolutely no good."

— Ann Landers

Ray Tuttle is Chairman of the Arizona Regulatory Board of Physician Assistants.



Make A Note!

The Internet addresses for the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have changed. You can now get the latest information from the two Boards at www.azmd.gov and at www.azpa.gov. The change is in keeping with the move by other state agencies, offices and departments. Soon you will be able to subscribe to a free, full color version of Primum at the Boards' web sites.

ARBPA Changes Fee Collection Method

The Arizona Regulatory Board of Physician Assistants voted to change its practice of charging a combined fee for application and licensure. At its November 16th meeting, Board members approved charging a separate fee for applications and licenses.

New physician assistants seeking a license will pay a \$125 non-refundable application fee. Once approved for a license, they will make a sepa-

rate pro-rated payment for the annual \$100 fee, based on when the license is approved.

Before beginning a practice, a PA must supply the Board with a Notice of Supervision (NOS), listing the supervising physician and agents. After filing that initial NOS, a licensee will pay \$25 to add additional agents. And the Board approved a \$5 increase in the fee for Verification of Licenses. They will now cost \$10.



Facts About License Renewal

For Medical Doctors

Keeping the Board updated with current address information is important for you to get your renewal in a timely manner. Also, we charge a \$100.00 fine if a physician does not inform the Board of a change of address within 30 days of the change. Failure to inform the Board is an act of unprofessional conduct.

Renewal packets are sent out two months prior to the renewal date. If you do not renew your license one month after the due date, you will pay a \$350.00

late fee. If you fail to renew your license four months after the renewal due date, your license will expire.

We attach your website profile to the renewal notice providing you with an opportunity to update any information. (Example: Additional training received after initial licensure.)

For PAs

Physician Assistants are sent their renewal packets on April 1st of each year. All Physician Assistants are due to renew on June 1st. After July 1st you will

pay a \$100.00 late fee. After October 1st your license will expire if you do not renew it.

For Both

You must answer all questions on the renewal forms or the renewal is deemed deficient and returned to you. The renewal must also be signed and dated.

If there are any "yes" answers on the renewal, it is important that you attach the required documentation, or the renewal will be deemed deficient and returned.

"You must answer all questions on the renewal forms or the renewal is deemed deficient and returned to the applicant."

Our Actions Do Matter

The most common complaint consumers have is not about fees or quality of care, but is related to the conduct of a physician. This includes lack of attention or disinterest on the part of the physician (or even the staff), rudeness or failure to provide medical records when requested. When a beloved relative dies, apparent lack of sensitivity and communication issues often result in com-

plaints. These are all areas where a physician's efforts to improve may result in fewer complaints being filed and less headaches for physicians.

Reprinted from the Volume 8, Number 3 issue of the *West Virginia Board of Medicine Quarterly Newsletter*, published by the West Virginia Board of Medicine.



Employment

Have you ever considered working for the Arizona Medical Board in Scottsdale?

Frequently, we are looking for employees to fill job vacancies.

Check our web site at www.azmd.gov for the latest job openings.

Recent AMB and ARBPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

The Boards have recently taken action against the following licensees:

AMB

Paul L. Rodriguez, M.D.

(Elk City, OK—Nuclear Medicine, Radiology)

AZ License No. 4734

Accepted a Consent Agreement for a stayed Suspension and a five-year Practice Restriction barring him from supervising any physician assistant.

Parmeshwar M. Kharme, M.D.

(Glendale—Family Practice)

AZ License No. 12905

Accepted the Consent Agreement for Surrender of license.

David Parrish, M.D.

(Scottsdale—Neurology, Psychiatry)

AZ License No. 26896

Approved a Letter of Reprimand for misdiagnosis and mismanagement of thyroid disease and Probation, including a six-month Suspension. The Suspension will remain in effect until the Board evaluates the results of a Physician Assessment and Clinical Education (PACE) test.

Tammy L. Tadam, M.D.

(Tampa, FL—Emergency Medicine)

AZ License No. 31547

Summarily suspended the license.

Sudhir K. Goel, M.D.

(Phoenix—Internal Medicine)

AZ License No. 27103

Summarily restricted the practice to male patients only.

Harshad S. Patel, M.D.

(Sun City—Internal Medicine)

AZ License No. 22757

Accepted an Interim Consent Agreement

for Practice Restriction not to treat female patients without Board permission.

AMB Stats

At its October 2005 meeting, the Board approved:

- ◆ 2 Decrees of Censure
- ◆ 10 Letters of Reprimand
- ◆ 7 Advisory Letters.
- ◆ 25 Dismissals

In seven disciplinary cases, the Board approved Probation and in one case, Suspension.

ARBPA

Linda Layton, P.A.-C

(Scottsdale)

Applicant appealed the denial of a license by the Board's Executive Director at the November 16th meeting, but the Board upheld the denial because, among other things, she was practicing without a license.

Explanation of Terms

Revocation — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

Suspension — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

Decree of Censure — Not defined in statute, but is identified as an "official action against the license..." A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

Letter of Reprimand — A disciplinary order issued by the Board. It informs the licensee that his/her conduct violates state or federal law and may require the Board to monitor the licensee. A Letter of Reprimand may be issued by itself or in conjunction with terms of probation.

Consent Agreement — An agreement between the Board and a licensee to resolve a case with either a disciplinary or rehabilitative action. Once a consent agreement has been reached, the licensee cannot appeal.

The Waiting Room, by Executive Director Timothy C. Miller



“Like a tango, communication takes two.”

Medical errors are one of the nation's leading causes of death and injury. A recent study by the Institute of Medicine showed that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of medical errors. This same study showed that patient's active participation and clear communication helped reduce medical errors. Like a tango, communication takes two. Physicians have an obligation to provide patients with sufficient information for the patient to give informed consent for the treatment. Likewise, the patient needs to provide the physician with sufficient information for the physician to make a fully informed diagnosis and treatment.

The first step in developing this communication is to choose a provider with whom you feel comfortable to speak openly and frankly about your health. Several barriers to effective patient-physician communication have been identified. These include the belief that you may be wasting the physician's valuable time; omitting information because you believe it is unimportant; embarrassment, misunderstanding medical terminology, reluctance to admit non-compliance, and poor patient-physician relationship.

In response to the medical-error study, the Agency for Healthcare Research and Quality at the US Department of Health and Human Services has developed 20 tips for patients to help reduce medical errors and increase the quality of their health care. We present the first 10 in this edition of our newsletter.

1. As stated above, the single most important way you can help to prevent errors is to be

an active member of your health care team. That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results. This includes giving a very thorough and complete health history.

2. Make sure that all of your doctors know about everything you are taking. This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs, even grapefruit juice can cause adverse reaction with certain medications. Included in this newsletter is an example of a med-sheet with instructions on where to get one. This is a very effective means to keep your doctors up to date on your medications.

3. Make sure your doctor knows about any allergies and adverse reactions you have had to medicines. This can help you avoid getting a medicine that can harm you.

4. When your doctor writes you a prescription, make sure you can read it. If you cannot read your doctor's handwriting, your pharmacist might not be able to either.

5. Ask for information about your medicines in terms you can understand - both when your doctor prescribes the medicines and when the pharmacist fills them.

- What is the medicine for?
- How am I supposed to take it, and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or

dietary supplements I am taking?

- What food, drink or activities should I avoid while taking this medicine?
- In addition, you can ask for the package insert or research the medication on line.

6. When you pick up your medicine from the pharmacy, ask if it is the medicine that your doctor prescribed. Just like physicians and patients, pharmacists are human too. A study by the Massachusetts College of Pharmacy and Allied Health Sciences found that 88 percent of medicine errors involved the wrong drug or the wrong dose.

7. If you have any questions about the directions on your medicine labels, ask. Medicine labels are brief and can be hard to understand. For example, ask if "four doses daily" means taking a dose every 6 hours around the clock or just during regular waking hours.

8. Ask your pharmacist for the best device to measure your liquid medicine. Also, ask questions if you are not sure how to use it. Research shows that many people do not understand the right way to measure liquid medicines. For example, many use household teaspoons, which often do not hold a true teaspoon of liquid. Pharmacies sell tools for the appropriate measurement of medicines.

9. Ask for written information about the side effects your medicine could cause. If you know what might happen, you will be better prepared if it does - or, if something unexpected happens instead. That way, you can report the problem right away and get help before it gets worse.

(Continued on page 7)

Physician Health Program (PHP)

At its planning meeting in September, the Arizona Medical Board approved the framework for the Physician Health Program.

The PHP evaluates, treats and monitors physicians and physician assistants with medical, psychiatric, psychological, and behavioral health disorders, and substance abuse that impacts a licensee's ability to safely practice medicine or perform healthcare tasks.

The PHP is the umbrella program including the Monitored Aftercare Program (MAP) that monitors licensees with substance abuse and

chemical dependency problems.

The PHP helps address their health issues and safe return to medical practice by ensuring that appropriate education, intervention, therapeutic treatment and post-treatment monitoring and support are obtained.

The Board hopes that the confidential nature of the program encourages physicians with these disorders to seek assistance voluntarily, rather than continuing to practice and potentially endangering the public.

Share Your Knowledge

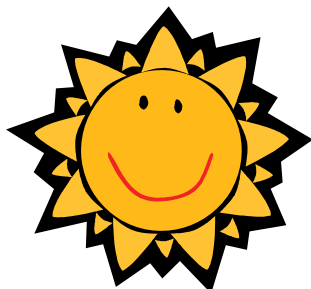
The theme of the next **Primum** Newsletter will be Electronic Medical Records.

Perhaps you have had experience with EMRs that would be of benefit to fellow licensees.

If you would like to submit an article for the newsletter, please contact Roger Downey, Public Information Officer of the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants, at (480) 551-2713 or by email at rdowney@azmd.gov.

Our submission deadline for articles is February 20, 2006.

Hello and Goodbye



Paul M. Petelin, Sr., M.D., of Phoenix has been nominated to be a member of the Arizona Medical Board by Governor Janet Napolitano.

Dr. Petelin, a Board certified surgeon, replaced Ingrid E. Haas, M.D., who had been a member of the Arizona Medical Board since November 2002.

Dr. Petelin received his medical degree from the Creighton Uni-

versity School of Medicine in Omaha, Nebraska.

The Arizona Senate will vote on his nomination during the next regular Legislative session.

Dr. Haas, a Board certified OB/GYN, is one of the top doctors in the Valley of the Sun, according to the latest issue of "Phoenix Magazine." She is now a part-time Medical Consultant for the Arizona Medical Board.

(Continued from page 6)

10. If you have a choice, choose a hospital at which many patients have the procedure or surgery you need. Research shows that patients tend to have better results when they are treated in hospitals that have a great deal of experience with their condition.

Honored Board Members

Randy Danielsen, Ph.D., P.A.-C, a member of the Arizona Regulatory Board of Physician Assistants, was elected to serve a three-year leadership term on the Board of Directors of the National Commission on Certification of Physician Assistants at its November

meeting in Atlanta. His term as Chairman-Elect will begin January 1, 2006. In 2007, he will serve as the NCCPA Chairman of the Board, and in 2008, as the Immediate Past Chair.

During its two-day April meeting, the Arizona Medical Board honored public member Dr. Ronnie R. Cox, Ph.D., for successfully completing a 368-day tour of duty in Iraq from December, 2003 until December, 2004.

Dr. Cox holds the rank of Colonel in the U.S. Army Reserves.



Do We Know Where You Are?

Physicians

If you are a medical doctor and have a new home or office address, you need to notify the Arizona Medical Board.

State Law requires "each active licensee" to inform the Board promptly and in writing of current addresses and telephone numbers if they have changed.

"The Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed one hundred dollars against a licensee who fails to comply within 30 days from the date of change." A.R.S. § 32-1435 (A) and (B) Also, it is an act of unprofessional conduct not to inform the Board

of an address change.

Physician Assistants

If you are a PA, the law is very similar.

"A person holding an active license as a physician assistant" has 30 days to inform the Arizona Regulatory Board of Physician Assistants of change in current home or office address and telephone number.

State law also allows the Board to charge a physician assistant who fails to comply the costs it incurs locating him or her. "The Board may also assess a penalty of not to exceed one hundred dollars." A.R.S. § 32-2527 (A) and (B).

Medical Directory

Licensees will soon receive a new 2006-2007 "Medical Directory and Resource Handbook" for both physicians and physician assistants. The last version printed is for 2003-2004.

The directory provides licensees and other interested parties with the names, license numbers, business addresses and phone numbers of physicians and physician assistants.

Where a physician has provided us with only his home address, we ask that people call the Medical Board for contact information.

We apologize for any inconvenience.

IMPORTANT NOTE:

This will be the only issue of Primum printed on paper due to the cost. Future issues will be available on the web sites, www.azmd.gov and www.azpa.gov. We hope to have an electronic subscription service in the near future.

Arizona Medical Board

Tim B. Hunter, MD, FACR—Chair

William R. Martin III, MD—Vice Chair

Douglas D. Lee, MD—Secretary

Patrick N. Connell, MD, FACEP

Ronnie R. Cox, PhD—Public member

Robert P. Goldfarb, MD, FACS

Becky Jordan—Public member

Ram R. Krishna, MD

Lorraine Mackstaller, MD

Sharon B. Megdall, PhD—Public member

Dona Pardo, RN, PhD—Public member

Paul M. Petelin, Sr., MD

Arizona Regulatory Board of Physician Assistants

Albert Ray Tuttle, PA-C—Chair

Joan M. Reynolds, PA-C—Vice Chair

Randy Danielsen, PhD, PA-C

Michael E. Goodwin, PA

Kelli M. Ward, DO—Physician member

James E. Meyer, MD—Physician member

Sigmund G. Popko—Public member

Anna Maria Prassa—Public member

Peter C. Wagner, DO—Physician member

Barry D. Weiss, MD, FAAFP—Physician member

Executive Director: Timothy C. Miller
Newsletter Editor: Roger Downey

Phone: 480-551-2713
Fax: 480-551-2828
E-mail: pulsepoint@azmd.gov

The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.

As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay ahead of healthcare trends.

*Arizona Medical Board and Arizona
Regulatory Board of Physician Assistants*

9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
